



IN THE STATE OF ILLINOIS, CIRCUIT COURT

County Where You Are Filing the Case

PLAINTIFF/PETITIONER OR IN RE: _____
Who started the case. *First, Middle, and Last Name, or Business Name*

First, Middle, and Last Name, or Business Name

FILED
5/1/2025
THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURT

MAM

1:25-cv-04815
Judge Mary M. Rowland
Magistrate M. David Weisman
RANDOM / Cat. 2

Case Number

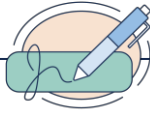
Motion to: _____

☐ Plaintiff/Petitioner ☐ Defendant/Respondent

[illegible]

(05/24)

Case Number: _____

**SIGN**

Under [735 ILCS 5/1-109](#), your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/ [Signature] Print Your Name _____

Your Address _____
Street, Apt. # City State Zip Code

Your Phone Number _____ Attorney Number (if any) _____

Your Email (if you have one) _____

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

4. PROOF OF DELIVERY

Fill out the information below to show how you are sending this document to the other people in the case. If a person in the case has a lawyer, **you must send this document to their lawyer.**

a. I am sending this document to:

Name: _____
First Middle Last Name

Address: _____
Street, Apt. # City State Zip Code

Email Address: _____

By: ☐ Electronically to the email address in **4a**:

☐ By email (*not through an EFSP*).

☐ Using an approved electronic filing service provider (EFSP).

☐ I or the person I am sending the document to do not have an email address. I am sending the document by:

☐ Mail or third-party carrier to the address in **4a**, with postage or delivery charge prepaid.

Location of mailbox or third-party carrier: _____
City State

☐ Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code

☐ Mail to the address in **4a**, from a prison or jail: _____
Name of Prison or Jail

This document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM

Case Number: _____

b. ☐ I am not sending these documents to additional people.

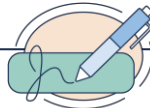
- OR -

☐ I am sending these documents to an additional person not listed in **4a**:Name: _____
First Middle Last NameAddress: _____
Street, Apt. # City State Zip Code

Email Address: _____

By: ☐ Electronically to the email address in **4b**:☐ By email (not through an EFSP).☐ Using an approved electronic filing service provider (EFSP).☐ I or the person I am sending the document to do not have an email address. I am sending the document by:☐ Mail or third-party carrier to the address in **4b**, with postage or delivery charge prepaid.Location of mailbox or third-party carrier: _____
City State☐ Personal hand delivery at this address:

NOTE: You can only deliver to the party, party's family member over 13 at party's residence, party's lawyer, or party's lawyer's office

Address _____
Street, Apt. #, City, State, and Zip Code☐ Mail to the address in **4b**, from a prison or jail: _____
Name of Prison or JailThis document will be sent on: Date: _____ Time: _____
Month, Day, Year Include AM or PM☐ I am sending the document to more than 2 people and have completed an *Additional Proof of Delivery* form.**SIGN**Under [735 ILCS 5/1-109](#), your signature means that you:

1) certify that everything in this document is true and correct, and 2) understand that making a false statement on this form is perjury and has penalties provided by law.

If you are filling out this form online, sign your name by typing it. If you are filling out this form by hand, sign and print your name.

Your Signature /s/ [Signature] Print Your Name _____Your Address _____
Street, Apt. # City State Zip Code

Your Phone Number _____ Attorney Number (if any) _____

Your Email (if you have one) _____

Be sure to **check your email every day** so you do not miss important information, court dates, or documents from other parties.

Case Number: _____



WHAT'S NEXT

NEXT STEP FOR PERSON FILLING OUT THIS FORM:

If you do not already have a court date for your *Motion*, you will need to get one and file a *Notice of Court Date for Motion*. When you file your *Motion*, ask the Circuit Clerk if you have to schedule a court date or if one will be scheduled automatically. In some counties, you may get the court date when you e-file. Include the court date on your *Notice*.

After you fill out your forms, file them with the Circuit Clerk's office in the county where your case is taking place. Then, send your forms to the other people in the case. Find your Circuit Clerk: ilcourts.info/CircuitClerks.



Learn more about each step in the process and how to file in our Instructions:

ilcourts.info/motion-instructions.

NEXT STEP FOR PERSON RECEIVING THIS DOCUMENT:

For more information about going to court including how to fill out and file forms, call or text **Illinois Court Help** at 833-411-1121 or go to ilcourthelp.gov.

If there are any words or terms that you do not understand, please **visit Illinois Legal Aid Online** at ilao.info/glossary. You may also find more information, resources, and the location of your local legal self-help center at: ilao.info/lshc-directory.